

APPLICATION FOR EMPLOYMENT

Please complete 5 pages of Application with Attachments

MONROE COUNTY HUMAN RESOURCES

PERSONNEL SECTION

1100 Simonton Street 2nd Floor
Key West, FL 33040
(305) 292-4557

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For:		Date of Application:	
How did you learn about us? <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Channel 16 <input type="checkbox"/> Internet Website <input type="checkbox"/> JobLine <input type="checkbox"/> Other _____			
Last Name	First Name	Middle Name	
Address	Number	Street	City State Zip Code
Telephone Number(s)		Social Security Number - -	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No

Have you ever filed an application with us before?

☐ Yes ☐ No

If Yes, give date(s) _____

Have you ever been employed with us before?

☐ Yes ☐ No

If Yes, give date(s) _____

Are you currently employed?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.*

☐ Yes ☐ No

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall?

☐ Yes ☐ No

Can you travel if a job requires it?

☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years?

☐ Yes ☐ No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Are you attaching a resume? *It is not required.* ☐ Yes ☐ No If Yes, how many pages? ____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Attachments:	Statement of Agreement 1	Driver Affidavit 4	Applicant Retain:	Application Info 7
	Veterans Preference 2	Safety Sensitive 5		Notice to Applicants 8
	Drugfree Workplace 3	EEO Info Request 6		Drugfree Wkpl 9

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States military:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer		Dates Employed From To		Work Performed
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary Starting Final		
Reason for Leaving				
2. Employer		Dates Employed From To		Work Performed
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary Starting Final		
Reason for Leaving				
3. Employer		Dates Employed From To		Work Performed
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary Starting Final		
Reason for Leaving				
4. Employer		Dates Employed From To		Work Performed
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary Starting Final		
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> Computer <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Access <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Other _____	<input type="checkbox"/> Calculator <input type="checkbox"/> Copy Machine <input type="checkbox"/> Typewriter <input type="checkbox"/> Fax <input type="checkbox"/> PBX System	Production/Mobile Machinery (list): _____ _____ _____	Other (list): _____ _____ _____
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State any additional information you feel may be helpful to us in considering your application:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? (A description of the activities involved in such a job or occupation is available.) ☐ YES ☐ NO

References

1.	_____ Name _____ Address/Phone #
2.	_____ Name _____ Address/Phone #
3.	_____ Name _____ Address/Phone #

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

RELEASE AUTHORIZING CHECK OF APPLICANTS CREDENTIALS

In consideration of Monroe County's evaluation of my suitability for employment, I hereby authorize the county to perform all checks of my credentials as allowed by law, including but not limited to discussions with: supervisors, co-workers, friends, business associates, or other individuals that the County, in its sole discretion, believes may have relevant information regarding my suitability for employment. I further authorize the County to perform the necessary background checks and such other checks as the County deems appropriate. I further release and forever discharge the county, its agents, and its employees from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever acknowledge that the County has made no representation of any kind as to whether employment will be offered at the conclusion of its investigations.

Please list Residence(s) within the past seven (7) years (attach additional page if necessary):

County	City	State	Zip Code
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County	City	State	Zip Code
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Signature of Applicant

Date

Monroe County is an equal opportunity employer, and it is our policy to select the best matched individual for the job based upon job related qualifications, regardless of race, color, creed, sex, national origin, age, handicap or other protected groups under state, federal or local Equal Opportunity Laws.

Please initial next to each statement below: I understand and agree that:

_____ Any material misrepresentation or deliberate omission of fact in my application may be justification for refusals of, or if employed, termination from employment.

_____ It is my understanding that Monroe County may make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Monroe County and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

_____ I agree that my employment may be terminated by Monroe County at anytime without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to a search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with Monroe County. I consent to take a medical examination by a qualified physician at the discretion of my employer.

_____ Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule or a work schedule other than originally assigned. I understand and accept these conditions on my continuing employment.

_____ I further understand that this is an application for employment and that no employment contract is being offered.

_____ I further understand that some full time employees work varying work hours, varying from 25 to 40 hours per week. I understand as a condition of my employment I will be working a 40-hour workweek unless indicated otherwise.

_____ I understand that if I am employed, such employment is for no definite period of time and that Monroe County can change wages, benefits, hours of work and working conditions at any time.

_____ I understand that all documents that are retained in the Personnel Office are public record in accordance with Florida Statutes Chapter 119.

_____ It is understood that per Section 2.06A of the Monroe County Employment Policies and Procedures Manual, Monroe County has that right to perform post-offer or post-employment drug testing for reasonable suspicion.

Have you ever been “terminated” or “violated a Drugfree Workplace Policy” from a previous employer?
☐ YES ☐ NO. If YES, please explain _____

If you have been “terminated” or “violated the Drugfree Workplace Policy” while employed with Monroe County BOCC, you cannot reapply for another County position for six (6) months from your last date of employment.

Have you, in the past 12 months, used any illegal drugs/substances? ☐ YES ☐ NO. If YES, please explain _____

Have you ever been convicted of, plead guilty or Nolo to (regardless of whether adjudication was withheld) a violent crime or crimes, including Misdemeanors as well as Felonies?
☐ YES ☐ NO If YES, please explain _____

If you have not lived in Florida in the past (3) years it is necessary for you to obtain your past three years driving record from the previous state or states you have lived in.

☐ I have lived in Florida more than 3 years

☐ I have not lived in Florida more than 3 years

I have read and understand the above:

Signature of Applicant

Date

Employer, remove this page upon completion of the selection process

YOUR NAME: _____

POSITION TITLE FOR WHICH YOU ARE APPLYING: _____

Completion of the Veterans' Preference section is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the four Veterans' Preference categories.

- ☐ 1. A veteran with the service-connected disability and who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense, **or**
- ☐ 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, **or**
- ☐ 3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, **or**
- ☐ 4. The Unremarried widow or widower of a veteran who died of a service-connected disability.

A DD214 or comparable document, which serves as a certificate of release or discharge claim, **must be furnished at the time of application**. In addition, applicants claiming categories 1, 2 or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in F.S. 1.01. Veterans' Preference shall expire after an eligible person has been employed by the state or an agency of a political subdivision of the state. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preference is only available to Florida residents.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

HAVE YOU EVER BEEN EMPLOYED BY ANY GOVERNMENTAL ENTITY WITHIN THE STATE OF FLORIDA ☐ YES ☐ NO

ARE YOU A RESIDENT OF THE STATE OF FLORIDA? ☐ YES ☐ NO

NOTE: If you are claiming Veteran's Preference you **must** meet the criteria and substantiate your claim by furnishing a DD214 (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your application.

Signature

Date

POST OFFER EMPLOYMENT AGREEMENT

Please read carefully

I acknowledge that Monroe County has a “Drug-Free Workplace Policy and Work Rules” regarding substance abuse. I further acknowledge that I have been advised that drug and/or alcohol testing may be required for the position for which I am applying.

I hereby authorize and give full permission to have the County’s contracted medical provider, their staff, and/or their associates send a specimen of my urine and/or blood to a laboratory for screening tests for the presence of drugs. I authorize these results, positive or negative, to be given to a Medical Review Officer selected by the County and to representatives of the County.

I understand that either my refusal to submit to the drug and/or alcohol test or my failure to qualify according to the minimum standards established by the County for this drug and/or alcohol test may disqualify me from further consideration for employment at this time.

I will hold the County and all concerned parties harmless and waive any legal rights for any alleged harm to me or for interfering with my ability to be hired as a result of the test reports, or my nonsubmission to the tests. This includes possible clerical or laboratory error.

I understand that if my post-offer drug and/or alcohol test results are positive, I will not be permitted to apply for another position for six months from my date of termination with Monroe County.

I have read in full and understand the above statements and conditions of employment:

Name (Please Print)

Signature of Applicant

Date

Witnessed By

Date

APPLICANTS – PLEASE COMPLETE
EXHIBIT “A”

I UNDERSTAND AND AGREE THAT:

I must possess and retain a valid Florida Operator's or Commercial Driver's License (as appropriate) in order to operate a County motor vehicle or to drive my personal vehicle on County business.

I authorize the County to, at any time, obtain any State, County and/or Local public driving records pertaining to me.

My right to drive a vehicle on County business will be denied or revoked at any time and when I do not possess a valid State of Florida Operator's or Commercial Drivers License, and/or when my driving record reflects one or more of the following conditions:

-One (1) or more “Driving Under the Influence” or one or more “Leaving the Scene of an Accident” convictions during the last three (3) years.

-Two (2) moving violations during the last twelve (12) months.

-Eight (8) or more points during the past twenty-four (24) months.

-Medical evidence of alcoholism, drug abuse, or other physical impairment significantly affecting the ability to drive safely.

I must report any motor vehicle citations for violations received while operating my personal or county vehicle (other than parking violations – or suspensions of my license, within forty-eight (48) hours of receipt of same. Further, I understand failing to do so could result in revocation of my authorization to operate a County vehicle.

I understand that the denial or revocation of my County driving privilege may result in the termination of my employment.

I certify that the information listed below is valid at this time.

____ - ____ - ____ - ____ EXP ____ / ____ / ____	CURRENT STATE OF FLORIDA OPERATOR OR CDL LICENSE NO & EXPIRATION DATE
	NAME AS IT APPEARS ON LICENSE
	CURRENT STREET ADDRESS
	CITY AND ZIP CODE

APPLICANT SIGNATURE

DATE

APPLICANTS APPLYING FOR SAFETY SENSITIVE POSITIONS ONLY

APPLICANT NAME	DATE
POSITION APPLYING	

IN HOUSE PROMOTIONAL OPPORTUNITY APPLICANT

Only fill out below if you are NOT currently in a safety sensitive position.

HAVE YOU HELD A SAFETY SENSITIVE POSITION, AS DEFINED BELOW, WITHIN THE PAST 2 YEARS OTHER THAN MONROE COUNTY EMPLOYMENT?

☐ YES ☐ NO

*If YES, have employee sign authorization to release form

OUTSIDE APPLICANT

HAVE YOU HELD A SAFETY SENSITIVE POSITION, AS DEFINED BELOW, WITHIN THE PAST TWO YEARS?

☐ YES ☐ NO

*If YES, have employee sign authorization to release form

DEFINITION OF SAFETY SENSITIVE: A MOTOR VEHICLE OR COMBINATION OF MOTOR VEHICLES USED TO TRANSPORT PASSENGERS OR PROPERTY OF THE MOTOR VEHICLE: HAS A GROSS COMBINATION WEIGHT RATING OF 26,001 OR MORE POUNDS, INCLUSIVE OF A TOWED UNIT WITH A GROSS VEHICLE WEIGHT RATING OF MORE THAN 10,000 POUNDS; OR, HAS A GROSS VEHICLE WEIGHT RATING OF 26,001 OR MORE POUNDS; OR, IS DESIGNED TO TRANSPORT SIXTEEN (16) OR MORE PASSENGERS, INCLUDING THE DRIVER; OR, IS OF ANY SIZE AND IS USED IN THE TRANSPORTATION OF MATERIALS FOUND TO BE HAZARDOUS FOR THE PURPOSES OF THE HAZARDOUS MATERIALS TRANSPORTATION ACT AND WHICH REQUIRE THE MOTOR VEHICLE TO BE PLACARDED UNDER THE HAZARDOUS MATERIALS REGULATIONS (49 C.F.R. part 172, subpart F).

Employer, remove this page

Please fill out the below information. This information will be utilized for the annual EEO-4 report that is required by State and Local Government Agencies and other governmental surveys. This information will be kept separate from your employment application and/or personnel file. Completion of this form is voluntary.

Please check below:

EMPLOYEE ☐

APPLICANT ☐

DATE: _____

POSITION TITLE FOR WHICH YOU ARE APPLYING _____

MALE APPLICANTS:

AA	WHITE MALE, NON-HISPANIC	<input type="checkbox"/>
AB	BLACK MALE, NON-HISPANIC	<input type="checkbox"/>
AC	WHITE MALE, HISPANIC	<input type="checkbox"/>
AD	BLACK MALE, HISPANIC	<input type="checkbox"/>
AE	ASIA OR PACIFIC ISLANDER, MALE	<input type="checkbox"/>
AF	AMERICAN INDIAN/ALASKAN NATIVE, MALE	<input type="checkbox"/>

FEMALE APPLICANTS:

BA	WHITE FEMALE, NON-HISPANIC	<input type="checkbox"/>
BB	BLACK FEMALE, NON-HISPANIC	<input type="checkbox"/>
BC	WHITE FEMALE, HISPANIC	<input type="checkbox"/>
BD	BLACK FEMALE, HISPANIC	<input type="checkbox"/>
BE	ASIA OR PACIFIC ISLANDER, FEMALE	<input type="checkbox"/>
BF	AMERICAN INDIAN/ALASKAN NATIVE, FEMALE	<input type="checkbox"/>

OTHER _____

APPLICATIONS ACCEPTED DURING BUSINESS HOURS:

8:00 A.M. – 5:00 P.M. Monday thru Friday
CLOSED HOLIDAYS

Office Numbers:	Lower Keys 305-292-4557 Middle Keys 305-289-6009 Upper Keys 305-852-7112
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JOBLINE:	Lower Keys 305-292-4457 Middle Keys 305-743-0079 X4457 Upper Keys 305-852-1469 X4457 1-800-559-4335 throughout greater Florida
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WEBSITE:	www.co.monroe.fl.us
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Applications will remain on file for one (1) year from the date of submission, and it will be your responsibility to contact this office each time you wish to be considered for an available position. You may call us, stop by our office, or notify us in writing of your interest however, you must contact the Personnel Office before the application deadline for each available position you are interested in applying.

IT WILL BE THE APPLICANT'S RESPONSIBILITY TO CONTACT THE PERSONNEL DEPARTMENT TO INQUIRE AS TO THE STATUS OF THE POSITION(S) FOR WHICH THEY HAVE APPLIED. DUE TO LACK OF FUNDS, NOTIFICATION CANNOT BE GIVEN WHEN A POSITION HAS BEEN FILLED.

Available positions are posted on designated bulletin boards throughout the County for a minimum of seven (7) calendar days, after which consideration is first given to County employees. If no In-House applicant is chosen, the position will then be offered to the general public for application.

A job description will be attached to each posted notice and minimum qualifications will be noted in advertisements. However, many positions require the ability to speak and/or write English, although this may not be indicated on every job description for which it is required.

Applications will be closed when a sufficient number of qualified applicants have applied, or when the deadline date indicated in the advertisement has been reached. Applicants must meet all minimum qualifications to be eligible for an interview. The interviewing department, at its discretion, may interview all, some, or none of the applicants meeting minimum qualifications.

Please return your completed application to the Personnel Office in your area (as indicated on Attachment 9). It is your responsibility to ensure that your application is in the Personnel Office before the deadline date. Other County departments will not be responsible for providing your application to the Personnel Office for consideration.

Our office staff is happy to assist you with this application process, and we are available during the hours mentioned above. Please do not hesitate to contact us.

APPLICANT RETAIN FOR
FUTURE REFERENCE

YOU MUST SUBMIT A TYPING TEST FROM A QUALIFIED AGENCY (AS APPROVED BY PERSONNEL) FOR ALL POSITIONS THAT HAVE A TYPING REQUIREMENT. IN THE EVENT THAT YOU CANNOT TAKE A TYPING TEST AT THE TIME OF SUBMITTAL, THE APPLICATION CAN BE SUBMITTED AND THE TEST TAKEN AT A LATER TIME. HOWEVER, THE TEST MUST BE ATTACHED TO THE APPLICATION AT THE TIME OF QUALIFICATION PROCEDURES. WITHOUT A TYPING TEST THE APPLICATION WILL BE DEEMED UNQUALIFIED.

ALL POSITIONS REQUIRING A DEGREE WILL REQUIRE A CERTIFIED COPY OF SUCH DEGREE (OR TRANSCRIPTS) SENT TO US DIRECTLY FROM THE SCHOOL.

Monroe County wants to assist you in your search for employment. Should you not be hired for the job which you are applying, you may be eligible for immediate employment through the following agency:

**South Florida Work Force
One Stop Center**

Key West:
3112 Flagler Avenue
Key West, FL 33040
(305) 292-6762

Marathon:
11400 Overseas Hwy
Suite 220
Marathon, FL 33050
(305) 289-2470

Key Largo:
103400 O/S Highway
Suite 239
Key Largo, FL 33037
(305) 853-3540

MONROE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

A copy of the Affirmative Action Plan is available at the Public Library nearest you within the Florida Keys. A copy can also be obtained at our Personnel Office, 1100 Simonton Street or Contact our EEO Officer at X4545.

APPLICANT RETAIN FOR
FUTURE REFERENCE

Any applicant who is seeking employment in a position that comes under the regulations enacted by the United States Department of Transportation, Federal Highway Administration, 49 C.F.R. part 382 (DOT Regulations), pertaining to operators of commercial motor vehicles will be drug tested before beginning employment. In addition, the county must conduct a pre-employment inquiry from the applicant's prior employers concerning the applicant's history of drug and alcohol testing under DOT Regulations. Thus, such applicants must sign a waiver and release of information that will be sent to all employers at which the applicant worked during the two-year period before his or her application for employment with the County.

The County will eliminate from further consideration for employment (or will terminate if already working) any applicant who refuses to submit to the post-offer drug test, who fails to pass the drug test, who refuses to cooperate with the County's pre-employment inquiry, and/or who's pre-employment inquiry reveals a current violation of DOT Regulations.

Applicants who are hired to work in positions that come under the DOT Regulations remain subject to the drug and alcohol testing requirements (including random testing), and the other requirements of the DOT Regulations.

A summary of Monroe County's Drug And Alcohol testing Policy for Employees and Drivers Subject to United States Department of Transportation Regulations, and additional information about the Policy, are available to applicants and employees from the following Personnel Representatives at the County Personnel Offices listed below:

Monroe County Human Resources
Personnel

1100 Simonton Street 2nd Floor
Key West, FL 33040
(305) 292-4557

Sally Ferland, Liaison
Veterans Affairs Office
Marathon Government Annex
490 63rd Street (Ocean)
Marathon, FL 33040
(305) 289-6009

Dale Kelleher, Liaison
Building Department
Ellis Building
88800 Overseas Highway, MM 88.8 (Gulf)
Tavernier, FL 33070
(305) 852-7112

APPLICANT RETAIN FOR
FUTURE REFERENCE